

## **EXHIBIT K**

**06-12996 Blood MD**

CONTRA COSTA COUNTY OFFICE OF THE SHERIFF FORENSIC SERVICES DIVISION	Forensic Services Division Case # <b>06-006116</b>	LAB E 001
S.R.S.		
Kit No.: <u>34644</u>	Blood Alcohol/Drug envelope CCCSO Evidence	
Expiration Date: December 30, 2007	128864 ANALYSIS	
BLOOD SAMPLE FOR ALCOHOL/DRUG ANALYSIS		
Analyze for: <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs (Amphetamines, Opiates, Cocaine, Benzodiazepines) <input type="checkbox"/> Others (Please List) _____ <input checked="" type="checkbox"/> Test for drugs if BAC ≤ 0.08%		
<input type="checkbox"/> Check if this is a referee sample for the subject's breath results: _____		
1. Police Agency: <u>SRPD</u> 2. Agency Case No.: <u>06-12996</u> 3. Offense(s): <u>23152 VC A</u> Incident Date: <u>5-20-06</u> Time: <u>6:130</u> 4. Subject's Name: <u>ABHINAV BHATNA格尔</u> <div style="float: right; font-size: small;"> <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Other  <input checked="" type="checkbox"/> Live <input type="checkbox"/> Dead         </div> 5. Witnessing Officer: <u>J. INPASSIA</u> Badge No.: <u>65985</u> 6. Person Drawing Blood: <u>J. Young</u> 7. Location of Withdrawal: <u>SAN RAMON</u> 8. Date Sample Taken: <u>05-20-06</u> Time: <u>0730</u>		If CHP, indicate arrest location City _____ Street _____ <input type="checkbox"/> Unincorporated
CHAIN OF POSSESSION:		
Received From:	Received By:	Date:
<u>J. INPASSIA</u>	<u>J. INPASSIA 65985</u>	<u>5-20-06</u>
<u>J. INPASSIA 65985</u>	<u>SRPD REFER</u>	<u>5-20-06</u>
<u>SRPD</u>	<u>TRENT REED</u>	<u>5-24-06</u>
<u>TRENT REED</u>	<u>K. Lantz</u>	<u>5-24-06</u>
<u>K. Lantz</u>	<u>S. Williams</u>	<u>5/26/06</u>
<u>S. Williams</u>	<u>Evid</u>	<u>6-11-06</u>
<u>Evid</u>	<u>R. Bowden</u>	<u>6-11-06</u>
<u>R. Bowden</u>	<u>Split 1 gray top vial via US Mail to Slade 7-27-7-21</u>	<u>7-21-06</u>
<u>R. Bowden</u>	<u>Evid</u>	<u>7-21-06</u>
<u>EVID</u>	<u>TBDONG</u>	<u>6-8-07</u>
<u>TBDONG</u>	<u>Ch. Dunn</u>	<u>6-8-07</u>
FOR LABORATORY USE: <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed <input type="checkbox"/> Other _____ # Vials: _____		